

**Executive Office of Public Safety and Security
Electronic Control Weapons (ECWs) Use Quarterly Report**

Calendar Year 2013

Agency Name: Great Barrington Police

Individual Completing Report: Officer T. Ullrich

Date Completed: 1/13/2014

Phone Number: 413 528 0306

Reporting Quarter	Reporting Period	Report Due Date
☐ 1 st Quarter	January 1 st – March 31 st , 2013	April 15 th , 2013
☐ 2 nd Quarter	April 1 st – June 30 th , 2013	July 15 th , 2013
☐ 3 rd Quarter	July 1 st – September 30 th , 2013	October 15 th , 2013
☒ 4 th Quarter	October 1 st – December 31 st , 2013	January 15 th , 2014

Please provide information that reflects use of electronic control weapons (ECWs) *during this quarter only*.

Police departments that have issued ECWs to their officers must submit a quarterly report ***even if ECWs were not used or were not issued*** during the quarter. In this case, please indicate that there were zero (0) incidents in which ECWs were used this quarter.

If you have any questions about this report, please contact Brittany Peters by phone at 617.725.3352 or via email at Brittany.Peters@state.ma.us.

Part I. Agency Level Information

1. How many sworn officers were in your department at the end of this quarter?	24
2. How many officers have completed the approved training program for ECWs?	24
3. How many ECWs does your department own?	3
4. In how many <i>incidents</i> was an ECW involved during this quarter? (An incident is an event in which the officer issued a warning or displayed or deployed an ECW.)	3

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B: EXAMPLES OF INCIDENT LEVEL INFORMATION:

Incident Number	Weapon Serial Number	Date of Incident	Warning Type	Did Subject Submit? Y/N	# of Probe Deployments	Subject Submitted? Y/N	# of Stun Deployments	Did Subject Submit? Y/N	Target's Gender	Target's Race / Ethnicity
1A	XX12345	1/1/13	S	No	0	N/A	2	Yes	M	W
1B	C23456	1/1/13	N/A	N/A	1	Yes	0	N/A	M	W
2	11234DE	2/5/13	V	No	0	N/A	1	No	F	B
3	B23456	3/7/13	V, L, S	No	1	No	3	No	M	A
4	W78514	3/15/13	V	Yes	0	N/A	0	N/A	M	H
5	X225844	3/31/13	N/A	N/A	1	Yes	1	No	M	I

C: CURRENT INCIDENT LEVEL INFORMATION*

Incident Number	Weapon Serial Number	Date of Incident	Warning Type	Did Subject Submit? Y/N	# of Probe Deployments	Subject Submitted? Y/N	# of Stun Deployments	Did Subject Submit? Y/N	Target's Gender	Target's Race
1	██████████	12/16/13	V,L	Y	0	N/A	0	N/A	M	W
2	██████████	12/28/13	L	Y	0	N/A	0	N/A	M	W
3	██████████	12/29/13	V,L	Y	0	N/A	0	N/A	M	B

*If necessary, please insert additional columns.

Part III. Additional Information

If there is any other information you would like to report, including details regarding a specific incident or incidents, please use this space to do so.